



TO: Indiana Department of Workforce Development Training Acceleration Grant Recipients

FROM: Ronald L. Stiver
Commissioner

THROUGH: Monty Combs
Deputy Commissioner/Comptroller

DATE: August 28, 2006

SUBJECT: DWD Commissioner's Directive 2006-06
Annual Settlement Instructions for All Training Acceleration Grant Recipients
with Grants Administered by the Indiana Department of Workforce Development

Purpose

The purpose of this communication is to provide grant annual settlement instructions to Indiana Department of Workforce Development Training Acceleration Grant recipients so they can officially report expenditures for the period ending June 30, 2006.

Contents

A grant annual settlement report is required for each grant agreement. This must include detailed information as outlined on the attached worksheet exhibits. Each grantee must submit a fiscal report which includes expenditures and unpaid claims, applicable match, stand-in costs, and program income activity. This fiscal closeout report requires two support documents: (1) a completed trial balance, and (2) a summary copy of applicable general ledger(s) for all Workforce Investment Act services under the Indiana Department of Workforce Development grant.

Attached are the forms to be completed.

Effective Date

Immediately

Ending Date

September 29, 2006

Ownership

Indiana Department of Workforce Development Grant Accounting

Action

Complete the annual settlement report on the enclosed diskette. Print the forms, sign where appropriate, and submit an original and one (1) copy of the package.

The forms are in Excel on the diskette under filename "Annual Settlement." When the file is open, the exhibits are at the bottom of the file as separate sheets. Click on the exhibit for which data is being entered.

Use the arrow keys to move to the appropriate area to enter the data. Save after entering data for each sheet. Only unprotected cell areas can be updated.

The annual settlement package is due September 29, 2006.

The packages are to be sent certified mail, return receipt requested, or hand delivered to:

Indiana Department of Workforce Development
Attention: Bill Clark, Grant Accounting Supervisor
Indiana Government Center South, Room SE309
10 North Senate Avenue
Indianapolis, IN 46204

If there are questions regarding the completion of the annual settlement packages please contact Judy Evitts-Jackson at (317) 232-1917 or Scott Hood at (317) 233-5727. Questions regarding this directive may be addressed to Bill Clark, Grant Accounting Supervisor, at (317) 232-1802.

Attachments

Exhibit A - DWD Training Acceleration Grant Funds, Document Transmittal Annual Settlement
Exhibit B - Status of Funds Annual Settlement
Exhibit C - Schedule of Unpaid Claimants
Exhibit D - Program Income/Expense
Exhibit E - DWD Grantee/Contractor, Schedule of Subgrantees

EXHIBIT A

DWD TRAINING ACCELERATION GRANT FUNDS

DOCUMENT TRANSMITTAL

ANNUAL SETTLEMENT

| REVISION | |
|----------|----|
| Yes | NO |
| | |
| REV. # | |

| | | |
|-----------------|---|--------|
| GRANT# | GRANTEE NAME & ADDRESS: | |
| CONTACT PERSON: | GRANT PERIOD: FROM TO | PHONE: |

Check appropriate boxes. Each item must be covered. Explain fully any item not submitted. Use separate sheet(s) if necessary.

| Enclosed | Will be sent separately (insert date) | Identification of Document |
|--|--|--|
| YES <input type="checkbox"/> NO <input type="checkbox"/> | | 1. Grant Status of Funds Statement Exhibit B Completed Trial Balance and General Ledger(s) |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | | 2. Signed Cash Report Peoplesoft Cash Request Panel |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | | 3. Signed Accrued Expenditure Peoplesoft Accrued Expense Panel |
| | | 4. Schedule of Unpaid Claimants Exhibit C |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | | 5. Program Income/Expense Report Exhibit D Stand-In Cost Report |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | | 6. Schedule of Subgrantees Exhibit E |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | | 7. Other Documents (Specify) Explanation |

I hereby certify, as evidenced by my signature below, that the information and financial data contained in this report are complete, accurate, and represent a true and documentable accounting of the activities and expenditures under the grant/contract indicated above.

Authorized Signature: _____

Typed Name: _____

Title _____

DATE _____

**EXHIBIT B
STATUS OF FUNDS
ANNUAL SETTLEMENT**

(1) GRANT PERIOD: (2) GRANT NUMBER _____
FROM: _____
TO: _____

COMPUTATION OF CASH BALANCE (round all figures to the nearest dollar):

| | | |
|------|---|-------|
| (3) | A. TOTAL CASH RECEIVED AS OF JUNE 30, 2006 FOR THIS GRANT CASH REQUEST NO. _____ THRU _____ | _____ |
| | B. TOTAL CASH RECEIVED AFTER JUNE 30, 2006 AND BEFORE SEPTEMBER 30, 2006. CASH REQUEST NO. _____ THRU _____ | _____ |
| (4) | TOTAL CASH RECEIVED FOR THIS GRANT (3A + 3B) | _____ |
| (5) | TOTAL UNPAID CLAIMS AS OF JUNE 30, 2006 | _____ |
| (6) | TOTAL/ACTUAL CASH EXPENDITURES FOR THIS GRANT/CONTRACT THROUGH JUNE 30, 2006. | _____ |
| (7) | TOTAL DISBURSEMENTS JULY 01, 2006 - SEPTEMBER 30, 2006. | _____ |
| (8) | LESS REFUNDS FROM VENDORS | _____ |
| (9) | TOTAL UNPAID CLAIMS AS OF SEPTEMBER 30, 2006. MUST AGREE WITH EXHIBIT C. | _____ |
| (10) | TOTAL ACCRUED EXPENDITURES (LINES 6+7-8+9). | _____ |
| (11) | TOTAL CASH RECEIVED OVER (UNDER) TOTAL ACCRUED EXPENDITURES (LINE 4 LESS LINE 10). | \$0 |

REMARKS:

Exhibit C
Schedule of Unpaid Claimants

Customer Number: _____ Grant Number: _____

Record Number: _____ Date: _____

Claimant Name: _____

Address: _____

City: _____ State: _____

Service Description: _____

Reason not Paid: _____ Amount: _____

Customer Number: _____ Grant Number: _____

Record Number: _____ Date: _____

Claimant Name: _____

Address: _____

City: _____ State: _____

Service Description: _____

Reason not Paid: _____ Amount: _____

*** Please make copy of Form if you have additonal unpaid claims to report.**

EXHIBIT D
Program Income / Expense

Customer Number: _____

Grant Number: _____

Report Period: _____

Year: _____

Project: _____

FYR

PROJ

PROGRAM

PGM INCOME

PGM EXPENSE

INCR/DECR

BALANCE

STAND IN COST _____

EXHIBIT E

DWD GRANTEE/CONTRACTOR SCHEDULE OF SUBGRANTEES

Grant Number: _____

| | | |
|---------------|-------|-----|
| Grant Period: | FROM: | TO: |
|---------------|-------|-----|

| SUBGRANTEE NAME | CONTRACT NUMBER | CONTRACT PERIOD | CONTRACT AMOUNT | ACCRUED EXPENDITURES |
|-----------------|-----------------|-----------------|-----------------|----------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| TOTAL | | | | |